

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ALABAMA

ARIEL A. ADLA  
(Re'Naul M. Johnson),

Plaintiff(s)/Petitioner(s)

vs.

CIVIL ACTION NO. \_\_\_\_\_  
(To be supplied by Clerk of Court)

HONORABLE RICHARD ALLEN, et al.,  
Defendant(s)/Respondent(s)

FILED APR 18 07 PM 11:15 MDL

MOTION TO PROCEED WITHOUT PREPAYMENT OF FEES

I, Ariel A. Adla, a United States citizen, make this Motion to Proceed Without Prepayment of Fees pursuant to Title 28 U.S.C. § 1915 in order to proceed in forma pauperis in this action. I am unable to make prepayment of fees or to give security therefor, and it is my belief that I am entitled to redress. I have not divested myself of any property, monies or any items of value for the purpose of avoiding payment of said fees.

I. BRIEF STATEMENT AS TO THE NATURE OF THE ACTION: Eighth (8th) Amendment violation, Cruel And Unusual Punishment, Denial of a constitutionally adequate standard medical care, treatment and/or therapy.

II. RESIDENCE:

Your address: G.K. Fountain Correctional Center, Fountain 3800  
(Street)  
Atmore Alabama 36503-3800  
(City) (State) (Zip Code)

III. MARITAL STATUS:

1. Single x Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
2. If married, spouse's full name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

IV. DEPENDENTS:

1. Number: 0  
2. Relationship to dependent(s): XXXXXXXXXXXXXXXXXXXX N/A XXXXXXXXXXXXXXX  
3. How much money do you contribute toward your dependents' support on a monthly basis? \$ N/A



financial institutions, other repositories, or anywhere else - \$ Ø

- c. List monies received by you during the last twelve (12) months, or held for you by banks, savings and loan associations, prisoner accounts, other financial institutions, or other sources as indicated below:

Business, profession or other forms of self-employment - \$ Ø  
 Rent payments, interest or dividends ----- \$ Ø  
 Pensions, annuities or life insurance payments ----- \$ Ø  
 Gifts or inheritances ----- \$ Ø  
 Stocks, bonds or notes ----- \$ Ø  
 Tax refunds, Veteran benefits or social security benefits \$ Ø  
 Any other sources ----- \$ Ø

3. Obligations:

- a. Monthly rental on house or apartment ----- \$ Ø  
 b. Monthly mortgage payments on house ----- \$ Ø

4. Other information pertinent to your financial debts and obligations:

<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>
(Creditor)	(Total debt)	(Monthly payment)
<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>
(Creditor)	(Total debt)	(Monthly payment)
<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>
(Creditor)	(Total debt)	(Monthly payment)

5. If you have indicated that you have minimal or no assets or income, please explain how you provide for your basic living needs such as food, clothing and shelter. (e.g. food stamps, family assistance or charitable contributions.)

Incarcerated and totally sependant on the Alabama  
Department Of Corrections, for support of basic and  
and essential necessities.

Other (Explain): XX  
XX  
XX  
XX

**VII. ALL PLAINTIFFS/PETITIONERS MUST READ AND SIGN:**

I UNDERSTAND that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury or making false statements. FURTHER, I CERTIFY that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

---

**DATE**

---

**SIGNATURE OF PLAINTIFF/PETITIONER**

G.K. Fountain Correctional Center  
Fountain 3800

---

**ADDRESS**

Atmore, Alabama 36503-3800

---

**VIII. FOR PRISONER PLAINTIFFS/PETITIONERS ONLY:**

A financial statement containing all transactions in your prisoner account for the six (6) months immediately preceding the filing of the Complaint must accompany this Motion. The financial statement must be in the form of a computer printout or bank ledger card prepared by the institution; a notarized financial statement that you prepare; or a financial statement prepared by an authorized officer of the institution. Failure to provide this financial statement information may result in the dismissal of this action.

The requirement to submit the financial statement addressed above does not negate your responsibility to ensure that the Certificate found below is also properly executed and filed.

I hereby authorize the agency having custody of me to collect from my prison account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2). I understand that even if I am allowed to proceed in forma pauperis or pay a partial filing fee and even if my case is later dismissed for any reason, I am obligated to pay to the Clerk of the Court the full amount of the filing fee (\$350.00 for a civil action, \$5.00 for a habeas corpus petition, or \$455.00 for an appeal).

April 13, 2007

DATE

Iriel A. Adla  
(Re'Naue M. Johnson)

SIGNATURE OF PLAINTIFF/PETITIONER

**CERTIFICATE**

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0.30 on account to his/her credit at FOUNTAIN CORRECTIONAL CTR. (name of institution). I further certify that during the past <sup>12</sup>~~six~~ months the applicant's average monthly balance was \$ 2.94. I further certify that during the past <sup>12</sup>~~six~~ months the average of monthly deposits to the applicant's account was \$ 0.00. (Please attach a certified copy of the applicant's account statement showing transactions for the past six months.)

4-13-07

DATE

Valerie Spates

SIGNATURE OF AUTHORIZED OFFICER

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
FOUNTAIN CORRECTIONAL CENTER

AIS #: 166237

NAME: JOHNSON, RENAUL MARCUS

AS OF: 04/13/2007

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
APR	17	\$19.81	\$0.00
MAY	31	\$11.22	\$0.00
JUN	30	\$0.92	\$0.00
JUL	31	\$0.64	\$0.00
AUG	31	\$0.30	\$0.00
SEP	30	\$0.30	\$0.00
OCT	31	\$0.30	\$0.00
NOV	30	\$0.30	\$0.00
DEC	31	\$0.30	\$0.00
JAN	31	\$0.30	\$0.00
FEB	28	\$0.30	\$0.00
MAR	31	\$0.30	\$0.00
APR	13	\$0.30	\$0.00

Average 12 months  
balance

\$2.94

\$0.00

  
Valeria Spates, PMOD Clerk

STATE OF ALABAMA, ESCAMBIA COUNTY, SWORN AND SUBSCRIBED  
BEFORE ME THIS 13TH DAY OF APRIL 2007.

, Notary Public